



PTO/SB/21 (02-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/760,209
Filing Date	01/12/2001
First Named Inventor	M. Gough
Art Unit	2182
Examiner Name	E. Sorrell

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SEP 10 2004

Total Number of Pages in This Submission

Attorney Docket Number NEQ1B028

Technology Center 2100

ENCLOSURES *(Check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> New POA with Revocation
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Dr. Michael Rostoker
Signature	
Date	Sept 2, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Dr. Michael Rostoker	
Signature		Date

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	09/760,209
Filing Date	01/12/2001
First Named Inventor	M. Gough
Examiner Name	E. Sorrell
Art Unit	2182
Attorney Docket No.	NEO1P028

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2100

Technology Center

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number	<input type="text"/>
Deposit Account Name	<input type="text"/>

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	<input type="text"/>
1002 340	2002 170	Design filing fee	<input type="text"/>
1003 530	2003 265	Plant filing fee	<input type="text"/>
1004 770	2004 385	Reissue filing fee	<input type="text"/>
1005 160	2005 80	Provisional filing fee	<input type="text"/>
SUBTOTAL (1) (\$)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	22	-20** = 2 X 9 = 18	<input type="text"/>
Independent Claims	5	-3** = 2 X 45 = 86	<input type="text"/>
Multiple Dependent			= 104

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		104

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	<input type="text"/>
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
1053 130	1053 130	Non-English specification	<input type="text"/>
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	<input type="text"/>
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	<input type="text"/>
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	<input type="text"/>
1251 110	2251 55	Extension for reply within first month	<input type="text"/>
1252 420	2252 210	Extension for reply within second month	<input type="text"/>
1253 950	2253 475	Extension for reply within third month	<input type="text"/>
1254 1,480	2254 740	Extension for reply within fourth month	<input type="text"/>
1255 2,010	2255 1,005	Extension for reply within fifth month	<input type="text"/>
1401 330	2401 165	Notice of Appeal	<input type="text"/>
1402 330	2402 165	Filing a brief in support of an appeal	<input type="text"/>
1403 290	2403 145	Request for oral hearing	<input type="text"/>
1451 1,510	1451 1,510	Petition to institute a public use proceeding	<input type="text"/>
1452 110	2452 55	Petition to revive - unavoidable	<input type="text"/>
1453 1,330	2453 665	Petition to revive - unintentional	<input type="text"/>
1501 1,330	2501 665	Utility issue fee (or reissue)	<input type="text"/>
1502 480	2502 240	Design issue fee	<input type="text"/>
1503 640	2503 320	Plant issue fee	<input type="text"/>
1460 130	1460 130	Petitions to the Commissioner	<input type="text"/>
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	<input type="text"/>
1806 180	1806 180	Submission of Information Disclosure Stmt	<input type="text"/>
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	<input type="text"/>
1801 770	2801 385	Request for Continued Examination (RCE)	<input type="text"/>
1802 900	1802 900	Request for expedited examination of a design application	<input type="text"/>
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Dr. Michael Rostoker	Registration No. (Attorney/Agent)	31,193	Telephone	831-338-1776
Signature			Date	Sep 2, 2004	

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